

# EXHIBIT 2

**REPORT of MARINE CASUALTY, COMMERCIAL DIVING CASUALTY, or OCS-RELATED CASUALTY****Section I - Reporting Vessel/Facility Information**

1. Vessel or Facility Name MACKENZIE ROSE		2. Vessel Official Number or IMO Number 1098224		3. Vessel Flag USA	
4. Vessel Length 96 <input checked="" type="checkbox"/> Feet <input type="checkbox"/> Meters		5. Vessel Gross Tons 157		6. Vessel Propulsion Type DIESEL	
7. Vessel or Facility Type TOWING VESSEL		8. Vessel or Facility Service or Occupation TOWING VESSEL			
9. FOR TOWING ONLY	9a. Arrangement: <input checked="" type="checkbox"/> Pushing Ahead <input type="checkbox"/> Towing Astern <input type="checkbox"/> Towing Alongside	9b. Number of Vessels Towed: Empty _____ Loaded <u>1</u> _____ Total _____	9c. Maximum Size of Tow/Tow-Boat(s): Length <u>296</u> feet Width <u>50</u> feet		9d. Did one or more of the barges in the tow cause or sustain damage in the marine casualty? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes complete and attach one or more CG-2692A forms to this report)

**Section II - Reason for Submitting this Report (Check all that apply)**

10. The above vessel was involved in a Marine Casualty consisting in (46 CFR 4.05-1 and 4.05-10):

- ☒ 1. Unintended grounding or an unintended strike of (allision with) a bridge
- ☐ 2. Intended grounding or intended strike of a bridge that created a hazard to navigation, the environment or the safety of the vessel, or that meets any of the criteria in 3 through 8 below
- ☐ 3. Loss of main propulsion, primary steering, or any associated component or control system that reduces the maneuverability of the vessel
- ☐ 4. Occurrence materially and adversely affected the vessel's seaworthiness or fitness for service or route
- ☐ 5. Loss of life
- ☐ 6. Injury that requires professional medical treatment (treatment beyond first aid) and, if the person is engaged or employed on board a vessel in commercial service, that renders the individual unfit to perform his or her routine duties
- ☐ 7. Occurrence causing property damage in excess of \$75,000
- ☐ 8. Occurrence involving significant harm to the environment

11. The above facility or vessel was involved in a Commercial Diving Casualty involving (46 CFR 197.484):

- ☐ 1. Loss of life
- ☐ 2. Diving-related injury to any person causing incapacitation for more than 72 hours
- ☐ 3. Diving-related injury to any person requiring hospitalization for more than 24 hours

12. The above facility or vessel was involved in an OCS Facility Casualty Resulting in (33 CFR 146.30 and 146.35):

- ☐ 1. Death
- ☐ 2. Injury to 5 or more persons in a single incident
- ☐ 3. Injury causing any person to be incapacitated for more than 72 hours
- ☐ 4. OCS Facility only - Damage affecting the usefulness of primary lifesaving or firefighting equipment
- ☐ 5. OCS Facility only - Damage to the facility exceeding \$25,000 resulting from a collision by a vessel with the facility
- ☐ 6. OCS Facility only - Damage to a floating OCS facility exceeding \$25,000

**Section III - Associated Parties Information (Fill all fields that apply)**

13. Name of Owner COEYMANS MARINE TOWING LLC		Telephone 518-355-6034		14. Name of Operator or Manager COEYMANS MARINE TOWING LLC		Telephone 518-355-6034	
Address 2170 RIVER RD, COEYMANS, NY 12045		Email address BMOORE@CARVERCOMPANIES.COM		Address 2170 RIVER RD, COEYMANS, NY 12045		Email address BMOORE@CARVERCOMPANIES.COM	
15. Name of Master or Person-In-Charge (Last, First, Middle) CHRISTOPHER MILLER		Telephone 253-670-0769		16. Name of Agent (Last, First, Middle)		Telephone	
Address 601 4TH ST., NEWPORT, WA 99156		Email address CHRIS.MILLERTUGZ@GMAIL.COM		Address		Email address	
17. Name of Dive Supervisor (Last, First, Middle)		Telephone		18. Name of Pilot (Last, First, Middle)		Telephone	
Address		Email address		Address		Email address	

**Section IV - Casualty Information**

19. Date/Time (local) of Occurrence 15 JUNE 2024 AT 1625		20. Location-Name of Body of Water or Waterway: Latitude: 36°48.6 SOUTHERN BRANCH, NORFOLK VA Longitude: 076°17.4 River Mile Marker: OR	
21. Property Damage Estimated Damage Cost(s) to: Vessel: \$ _____ Cargo: \$ _____ Facility: \$ _____ Other: \$ _____		Describe the Extent of Property Damage NORTH & PBL RAILROAD BRIDGE WAS OFFSET FROM ITS FOUNDATION	
22. Status of Involved Persons (If there are 1 or more injured, dead or missing persons complete and attach one or more CG-2692C forms to this Report) Total Number of Persons: On Board the Vessel: <u>5</u> Injured: <u>0</u> Dead: <u>0</u> Missing: <u>0</u>			

23. Was This Casualty a Serious Marine Incident (SMI) as Defined in 46 CFR 4.03-2?

☒ Yes ☐ No ☐ Not at this Time, But is Likely to Become an SMI (If Yes or Is Likely to Become an SMI complete/attach one or more CG-2692B forms to this report)

24a. Is there any evidence of alcohol or drug use by or intoxication of individuals directly involved in the casualty?

☐ Yes ☒ No (If Yes, identify those individuals for whom evidence has been obtained and specify the method to obtain such evidence in block 24c)

24b. Did any individual directly involved in a casualty refuse to submit to, or cooperate in, the administration of a timely chemical test, when directed by a law enforcement officer or by the marine employer?

☐ Yes ☒ No (If Yes, note the individual(s) who refused in block 24c)

24c. Individuals with evidence of drug or alcohol use, evidence of intoxication, or who refused to submit/cooperate in a timely chemical test (if more space is needed, continue in block 25c)

24d. Is there evidence that alcohol use contributed to this casualty?

☐ Yes ☒ No (If Yes, discuss in block 25b)

25. Nature and Circumstance of the Casualty:

25a. Activity or Operation Being Conducted at the Time of the Casualty:

THE TOWING VESSEL MACKENZIE ROSE WAS PUSHING THE DECK BARGE WEEKS 281, AHEAD IN PUSH GEAR. THEY WERE OUTBOUND THE NORFOLK SOUTHERN BRANCH FOR SEA. THE OFFICER ON WATCH, JAMES MORRISSEY, WAS IN AUTOPILOT AND DIDNT SWITCH OVER TO NON FOLLOW UP HAND STEERING BUT THOUGHT HE DID. THE VESSEL CONTINUED TO TRACK TO PORT AND BEFORE THE OOW WAS ABLE TO CORRECT IT AFTER SWITCHING TO NON FOLLOW UP, THE BOW OF THE BARGE MADE CONTACT WITH THE WESTERN SECTION OF BRIDGE.

25b. Description of the Casualty (casualty events and the conditions and actions that were believed to be causal factors as well as any hazards created as a result of the casualty. Attach additional sheets if necessary.):

THE OOW HAD FAILED TO PROPERLY SWITCH TO HAND STEERING AND ALSO GAVE MINIMAL ENGINE ORDERS AT FIRST IN ORDER TO PREVENT FURTHER HEADWAY OR COURSE CHANGE. THE OOW STATED THAT ONCE HE DID SWITCH TO HAND STEERING, HE GAVE A SLOW ASTERN AT FIRST AND THEN FULL ASTERN. ONCE CONTACT WAS MADE WITH THE BRIDGE STRUCTURE, THE VESSEL WAS BARELY MAKING HEADWAY AND BEGAN TO MAKE ASERTN WAY. THE OOW WAS BACKING INTO THE MAIN CHANNEL AND REGAINED CONTROL OF THE VESSEL.

25c. Any other comments, including with respect to use of or need for emergency response equipment:

## Section V - Person Making this Report

24. Name (PRINT) (Last, First, Middle)  
MOORE, BRIAN BERNT

25. Signature: Brian Moore

Digitally signed by Brian Moore  
Date: 2024.06.26 08:48:49 -04'00'26. Date  
06/25/202427. Title  
GENERAL MANAGER28. Address  
2170 RIVER RD, COEYMANS, NY 1204529. Telephone No.  
845-594-441030. Email  
BMOORE@CARVERCOMPANIES.COM

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